	PAIENI,	Effect	ctive Octob	RD	098721115							
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	LL EI	NTITY	OR	OTHER	R THAN
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AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	IBER OUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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لـــ	FIRST PHESE	ENTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		<b> </b>			1 1		
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MENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total		Minus			=	X\$ 9:	_		OR	X\$18=	
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7		(Column 1) CLAIMS		(Colum		(Column 3)		_				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID F	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
اً چُ	Total		Minus	••		=	X\$ 9=	_		OR	X\$18=	
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1	FIRST PRESEN	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			╅	1	OR		
• If	f the entry in colur	mn 1 is less than the	en entry in colu	ethw c ***	"O" in col	· a	+135=		(	OR	+270=	
** If	If the "Highest Num	mn 1 is less than the mber Previously Paid mber Previously Paid	aid For' IN THIS	S SPACE is I	less than	n 20. enter "20 "	TOTA ADDIT. FE		C	OR A	TOTAL ADDIT. FEE	
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**Application or Docket Number**